and stakeholders across the country, from Georgia to Kentucky to North Dakota. I spoke to treatment services across my district: Awakenings Recovery in Hagerstown; Fort Recovery in Cumberland; Ideal Option in Frederick; Wells/Robertson House in Montgomery County; and Brooke's House in Hagerstown.

The message I heard from everyone was loud and clear: State, local, and Tribal governments need the Federal Government to be a steady partner in the fight against addiction.

I thank Chairman PALLONE and Ranking Member WALDEN of the Committee on Energy and Commerce, and the Energy Subcommittee on Health Chairwoman ESHOO and Ranking Member BURGESS, for considering this bill.

I also extend my sincere thanks to Freshmen Working Group on Addiction members KELLY ARMSTRONG, MIKIE SHERRILL, and DENVER RIGGLEMAN for helping me introduce this bill.

I want to take a moment to call out and thank Congressman RIGGLEMAN, who has been a fantastic member of our working group and a champion on this issue. He will be greatly missed in this institution.

Together, the Freshmen Working Group on Addiction has introduced over 50 bipartisan bills to address addiction and mental health in the last 2 years. We have shown what is possible if you put aside partisan politics, focus on an issue, and work hard to make real change.

Investing in this bill's grants will save lives and save money.

Mr. Speaker, I urge a ''yes'' vote.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want my friend from Maryland to know that we all are sympathetic to what his family has gone through and the loss that he has suffered. That is a very difficult story to tell.

When we were working on all the legislation in the last Congress, I met with a lot of families who had suffered similar fates, and it is just a tragedy. So I commend him for his work in a bipartisan way on this issue.

And our friend from Virginia, Mr. RIGGLEMAN, who I am going to yield to, he has been a terrific legislator during his term in Congress and a good friend. I know how deeply he cares about this issue, and his willingness to work in a bipartisan way should be recognized by all of us.

Mr. Speaker, I yield 3 minutes to the gentleman from Virginia (Mr. RIGGLEMAN).

Mr. RIGGLEMAN. Mr. Speaker, I thank my good friend, Representative WALDEN, Congressman PALLONE, and also DAVID TRONE.

Our Freshman Working Group has been incredible on this issue. It is interesting how it has come full circle.

Mr. Speaker, 2 years ago, in my very first speech on the floor of the House of Representatives, I called on Congress to act and address the opioid addiction crisis that causes tens of thousands of deaths every year. During the 2 years since that speech, I have been working hard to provide solutions and take positive steps to address the crisis.

I also have become more aware of the harm the opioid epidemic has caused in our streets and in our districts. I have seen how the crisis has affected the friends and the family members of so many, including some in this Chamber today, like my dear friend DAVID TRONE, who tragically lost his nephew to an opioid overdose.

I have been personally affected by this crisis, and I know the toll it takes on those affected and the people who love them. I was sitting at my desk in Congress about 1 year ago when I got the call that my cousin Trey had overdosed, not far from where I was sitting. I talked about this with Congressman TRONE. We knew we had to do something.

I think that is why we have to thank Members like Representative SHERRILL and Representative ARMSTRONG for their incredible support in this.

Trey and Ian, I think this bill is for them and all the people who have suffered through this incredible scourge.

Mr. Speaker, the bill before us today starts to address some of those challenges and is a positive step toward combating the very real crisis of opioid addiction that has had devastating consequences for families across this Nation.

Obviously, I strongly support H.R. 2466, the State Opioid Response Grant Authorization Act of 2020. Not only must Congress act to address this crisis, but we must lead. I chose to colead this bill because it will help countless numbers of my constituents, and it is the right thing to do. But I have to applaud the efforts of my dear friend DAVID TRONE and all the members of the Freshmen Working Group on Addiction.

Mr. Speaker, I urge my colleagues to support this bill. Again, I don't think I can say this any stronger: This bill is for Trey and Ian, and this bill is for all those affected by the overdoses, the awfulness that happens within each family.

Mr. PALLONE. Mr. Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I have no additional speakers on this important legislation. I encourage my colleagues to support the bill, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also urge my colleagues to support the bill, and I yield back the balance of my time.

Mr. CICILLINE. Mr. Speaker, America's opioid crisis is far from resolved.

According to the American Medical Association, over 40 states have reported an increase in opioid overdose deaths since the beginning of the pandemic.

Despite the steady decrease in opioid related deaths in 2017, 2018, and 2019, the COVID–19 pandemic has intensified the opioid epidemic in Rhode Island.

Opioid overdose remains the leading cause of accidental death in Rhode Island.

In the first seven months of 2020, Rhode Island experienced a 33 percent increase in overdose deaths compared to the same period last year.

And every day we are at risk of losing more and more people to overdoses, with recent numbers showing that Black and Hispanic Rhode Islanders are disproportionately experiencing overdose related deaths.

Over the years, State Opioid Response funding has been critical to responding to this deadly epidemic. This funding has helped to provide Rhode Islanders with adequate resources to combat drug abuse and prevent overdoses before they turn deadly.

State Opioid Response funding has allowed for more support and treatment for people suffering from addiction to get the help they need and put them on a path toward recovery.

This funding increases access to naloxone so that people in our communities are trained on identifying an opioid overdose and know how to stop the harmful effects of overdose.

As we say in Rhode Island, ''an overdose doesn't mean it's over. Naloxone saves lives.''

State Opioid Response funding saves lives.

While we continue to fight against the COVID–19 pandemic, we must also ensure that states' are supported to continue their fight against the opioid epidemic.

I thank Representative TRONE for introducing H.R. 2466, the State Opioid Response Grant Authorization Act of 2020 to make sure we meet the needs of responding to the opioid epidemic in communities across this country.

I urge my colleague to support this important legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2466, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

EASY MEDICATION ACCESS AND TREATMENT FOR OPIOID ADDICTION ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2281) to direct the Attorney General to amend certain regulations so that practitioners may administer not more than 3 days' medication to a person at one time when administering narcotic drugs for the purpose of relieving acute withdrawal symptoms, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2281

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Easy Medication Access and Treatment for Opioid Addiction Act'' or the ''Easy MAT for Opioid Addiction Act''.

SEC. 2. DISPENSATION OF NARCOTIC DRUGS FOR THE PURPOSE OF RELIEVING ACUTE WITHDRAWAL SYMPTOMS FROM OPIOID USE DISORDER.

Not later than 180 days after the date of enactment of this Act, the Attorney General shall revise section 1306.07(b) of title 21, Code of Federal Regulations, so that practitioners, in accordance with applicable State, Federal, or local laws relating to controlled substances, are allowed to dispense not more than a three-day supply of narcotic drugs to one person or for one person's use at one time for the purpose of initiating maintenance treatment or detoxification treatment (or both).

SEC. 3. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled ''Budgetary Effects of PAYGO Legislation'' for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2281.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 2281, the Easy Medication Access and Treatment for Opioid Addiction Act, or the Easy MAT for Opioid Addiction Act.

As we have highlighted on the floor today, the opioid epidemic is a public health emergency that we must continue to address. Millions of Americans have been impacted by the drug crisis. A 2019 National Survey on Drug Use and Health shows that 1.6 million Americans have an opioid use disorder. This is a chronic, treatable disease that patients can and do recover from.

While the number of Americans with opioid use disorder was declining prior to the coronavirus pandemic, it is still alarming that less than one out of five of these Americans actually receive treatment.

The Easy MAT for Opioid Addiction Act is a bill that makes it easier for patients to access medication-assisted treatment in the emergency room. For many patients, whether it be those experiencing an overdose or those seeking substance use disorder treatment, the emergency room can be the first or only point of care.

Buprenorphine is one of three FDA-approved medications for treating opioid use disorder. In emergency situations, it may be dispensed from an emergency room by certain practitioners for up to 3 days. This policy is otherwise known as the 3-day rule.

This rule is intended to help healthcare providers address acute withdrawal symptoms while a patient awaits arrangements for longer term medication-assisted treatment. But, unfortunately, there are several burdensome restrictions tied to this authority. For example, there is a limitation that not more than 1 day's medication be given to a patient at one time, forcing the repeated return to the emergency room.

Mr. Speaker, in testimony before the Committee on Energy and Commerce, Dr. Shawn Ryan, an emergency physician and addiction medicine specialist, cited the burden for a patient having to return to the emergency room after an initial visit, particularly for patients with substance use disorder. He stated that transportation can be an issue for these patients but also that repeat visits can be a burden for the emergency departments.

This bill would direct the Drug Enforcement Administration to update regulations to allow a practitioner to dispense up to 3 days' supply of buprenorphine. This will give patients and families a better opportunity to get connected to adequate treatment on the road to recovery.

Mr. Speaker, I commend my colleague, Representative RUIZ, a member of our committee, and his staff for leading this bill. I also thank Ranking Member WALDEN and his staff for working with us to move this bill forward.

Mr. Speaker, I urge my colleagues to support this commonsense legislation that will help more substance use disorder patients access the treatment they need, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, November 16, 2020.

Hon. JERROLD NADLER,
Chair, Committee on Judiciary,
Washington, DC.

DEAR CHAIRMAN NADLER: Thank you for consulting with the Committee on Energy and Commerce and agreeing to be discharged from further consideration of H.R. 2281, the Easy MAT for Opioid Addiction Act, so that the bill may proceed expeditiously to the House floor.

I agree that your forgoing further action on this measure does not in any way diminish or alter the jurisdiction of your committee or prejudice its jurisdictional prerogatives on this measure or similar legislation in the future. I would support your effort to seek appointment of an appropriate number of conferees from your committee to any House-Senate conference on this legislation.

I will seek to place our letters on H.R. 2281 into the Congressional Record during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work together as this measure moves through the legislative process.

Sincerely,

FRANK PALLONE, JR.,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE JUDICIARY,
Washington, DC, November 16, 2020.

Hon. FRANK PALLONE, JR.,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR CHAIRMAN PALLONE: This is to advise you that the Committee on the Judiciary has now had an opportunity to review the provisions in H.R. 2281, the ''Easy Medication Access and Treatment for Opioid Addiction Act,'' that fall within our Rule X jurisdiction. I appreciate your consulting with us on those provisions. The Judiciary Committee has no objection to your including them in the bill for consideration on the House floor, and to expedite that consideration is willing to forgo action on H.R. 2281, with the understanding that we do not thereby waive any future jurisdictional claim over those provisions or their subject matters.

In the event a House-Senate conference on this or similar legislation is convened, the Judiciary Committee reserves the right to request an appropriate number of conferees to address any concerns with these or similar provisions that may arise in conference.

Please place this letter into the Congressional Record during consideration of the measure on the House floor. Thank you for the cooperative spirit in which you have worked regarding this matter and others between our committees.

Sincerely,

JERROLD NADLER,
Chairman.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 2281, the Easy Medication Access and Treatment, or Easy MAT, for Opioid Addiction Act, which was introduced by myself and my Committee on Energy and Commerce colleague, Mr. RUIZ.

Emergency room clinicians are well positioned to interact with those struggling with opioid addiction and help transition them into treatment. Currently, an ER clinician who does not have a DATA 2000 waiver can only provide a 1-day supply of narcotic drugs to be used for medication-assisted treatment to an individual at one time for a total of up to 3 days.

What does that mean? It means that while the patient waits to get into treatment, they have to go back to that same clinician on each of those 3 days to obtain medication.

Now, in a rural district such as mine—which, by the way, is larger than the landmass of any State east of the Mississippi—this is not realistic, especially when there is already a shortage of health practitioners who are willing to treat patients with substance use disorder.

One of my constituents, who I met in Hermiston, Oregon, told me she had to travel 5 hours—5 hours—just to find a physician who could oversee her Suboxone treatment because no one in her community was available to do that.

H.R. 2281 would allow physicians to dispense up to 3 days of narcotic drugs at one time for purposes of relieving withdrawal symptoms while the individual awaits arrangements for treatment.

This is commonsense legislation, another good product of the Committee on Energy and Commerce.

Mr. Speaker, I urge a ''yes'' vote, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no speakers at this time, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield 3 minutes to the gentleman from Utah (Mr. CURTIS), Utah's Third Congressional District.

Mr. CURTIS. Mr. Speaker, I rise today in support of H.R. 2281, which is an important bill to help thousands of Americans who struggle with addiction.

This bipartisan, commonsense legislation will give individuals greater access to medication-assisted treatment, MAT, to help relieve withdrawal symptoms.

Current law only allows providers to use this treatment once per day unless they have a waiver to prescribe the medication, and less than 10 percent of providers have that waiver.

This is especially problematic because substance use disorder treatment programs can take days to accept new patients, leaving many individuals unable to gain access to immediate treatment and, instead, leaving patients no choice but to return to the emergency room or the provider they received MAT from the day prior or, even worse, to take drugs again to stop their withdrawal symptoms.

Mr. Speaker, this bipartisan legislation puts the individual first and is part of a collaborative approach to combat addiction of all types.

Mr. Speaker, I thank my colleagues for their work on this important legislation.

Mr. WALDEN. Mr. Speaker, we have no speakers left on our side, so I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no additional speakers. I urge my colleagues to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2281, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

□ 1300

FOOD ALLERGY SAFETY, TREATMENT, EDUCATION, AND RESEARCH ACT OF 2020

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2117) to improve the health and safety of Americans living with food allergies and related disorders, including potentially life-threatening anaphylaxis, food protein-induced enterocolitis syndrome, and eosinophilic gastrointestinal diseases, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2117

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Food Allergy Safety, Treatment, Education, and Research Act of 2020'' or the ''FASTER Act of 2020''.

SEC. 2. FOOD ALLERGY SAFETY RECOMMENDATIONS OF THE NATIONAL ACADEMY OF MEDICINE.

(a) COLLECTION OF FOOD ALLERGY DATA.—The Public Health Service Act is amended by inserting before section 318 of such Act (42 U.S.C. 247c) the following new section:

''SEC. 317W. COLLECTION OF FOOD ALLERGY DATA.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

''(1) expand and intensify the collection of information on the prevalence of food allergies for specific allergens in the United States, such as through the National Health and Nutrition Examination Survey and the National Health Interview Survey;

''(2) include such information within annual or other periodic reporting to the Congress and the public on other surveillance activities; and

''(3) encourage research to improve the accuracy of food allergy prevalence data.

''(b) BIOMARKERS.—Any research conducted pursuant to subsection (a)(3) shall include—

''(1) the identification of biomarkers and tests to validate data generated from such research; and

''(2) the investigation of the use of identified biomarkers and tests in national surveys conducted as part of that research.''.

(b) ALLERGEN LABELING.—

(1) MAJOR FOOD ALLERGEN DEFINITION.—

(A) IN GENERAL.—Section 201(qq)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(qq)(1)) is amended by striking ''and soybeans'' and inserting ''soybeans, and sesame''.

(B) EFFECTIVE DATE.—The amendment made by subparagraph (A) shall apply with respect to food introduced or delivered for introduction into interstate commerce on or after January 1, 2022.

(2) ADDITIONAL ALLERGENS.—Section 201(qq) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(qq)) is amended by adding at the end the following:

''(3) Any other food ingredient that the Secretary determines by regulation to be a major food allergen, based on the scientific criteria determined by the Secretary (including the prevalence and severity of allergic reactions to the food ingredient) that establish that such food ingredient is an allergen of public health concern.''.

(3) TECHNICAL CORRECTIONS.—Section 201(qq)(2) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(qq)(2)) is amended by striking ''paragraph'' each place it appears and inserting ''subparagraph''.

SEC. 3. REPORT ON USE BY FDA OF PATIENT EXPERIENCE DATA ON TREATMENTS FOR PATIENTS WITH FOOD ALLERGIES.

Section 3004 of the 21st Century Cures Act (21 U.S.C. 355 note) is amended—

(1) by striking ''Not later than'' and inserting the following:

''(a) IN GENERAL.—Not later than''; and

(2) by adding at the end the following:

''(b) TREATMENTS FOR PATIENTS WITH FOOD ALLERGIES.—Each report under subsection (a) shall include a synopsis of the use by the Food and Drug Administration in regulatory decision-making of patient experience data on products with an indication for the treatment of a food allergy.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2117.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 2117, the Food Allergy Safety, Treatment, Education, and Research Act, or the FASTER Act.

Mr. Speaker, an estimated 32 million Americans, including approximately 1 in every 13 children, are affected by food allergies. These allergies pose risks to millions of families, and these risks grow dramatically when inaccurate labels fail to warn consumers about the presence of some of these allergens.

Under current law, eight allergens are considered major food allergens. They include milk, eggs, fish, shellfish, tree nuts, wheat, peanuts, and soybeans. Due to their status as major food allergens, manufacturers must clearly state the presence of any of these ingredients on labels.

Notably missing from this list of allergens is sesame. That is concerning, considering it is an allergen of growing concern and its inclusion in food products has more than doubled over the last decade. In some cases, sesame may not be listed at all on ingredient labels, being referred to instead through nonspecific terms like ''flavors'' or words that may not easily be recognized by consumers as containing sesame, such as tahini.

While it may seem like a small issue to some, this lack of information could mean life or death for those who are allergic to sesame. Clearly, this information should be prominently featured on packaged food labels.

This is an issue we have been working on for quite some time. Several years ago, I introduced a bill that would list sesame as a major food allergen, and although the Food and Drug Administration opened a docket to solicit feedback about the sesame labeling and recently released guidance recommending voluntary labeling of sesame, the agency has not been able to require the listing of sesame due to overly long regulatory processes.

As we learn more about food allergens, our regulations should be able to adapt to align with the latest science. This process should not take years.